

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

ADDRESS (number and street) ▼

PO BOX 80505

☐ Check if different than previously reported. (ACC)

BATON ROUGE

LA

70898

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00480228

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ralph J. Stephens

Signature of Treasurer

Ralph J. Stephens

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 15 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">7874.38</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">7874.38</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">28000.00</span>	<span style="border: 1px solid black; padding: 2px;">28000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">35874.38</span>	<span style="border: 1px solid black; padding: 2px;">35874.38</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14913.96</span>	<span style="border: 1px solid black; padding: 2px;">14913.96</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">20960.42</span>	<span style="border: 1px solid black; padding: 2px;">20960.42</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2013

To:

M M / D D / Y Y Y Y Y  
03 31 2013

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2000.00

2000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2000.00

2000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

26000.00

26000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

28000.00

28000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

28000.00

28000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

28000.00

28000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14041.12	14041.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14041.12	14041.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	872.84	872.84
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14913.96	14913.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14913.96	14913.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28000.00	28000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28000.00	28000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	14041.12	14041.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	14041.12	14041.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

**A. James Derderian**

Mailing Address 4720 32nd St N

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2013

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Campbell Kaufman**

Mailing Address 2109 Woodmont Rd

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2013

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00413955

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4461**

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City State Zip Code  
RESTON VA 20191

FEC ID number of contributing  
federal political committee.

**C** C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**01** / **24** / **2013**

**Transaction ID : SA11C.4465**

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1000 WILSON BOULEVARD  
SUITE 1825

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00373696

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4456**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

## **A. DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')**

Mailing Address 601 HAWAII STREET

City State Zip Code  
EL SEGUNDO CA 90245

FEC ID number of contributing  
federal political committee.

**C** C00340943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4454**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Merck Employees Political Action Committee**

Mailing Address 601 Pennsylvania Avenue  
NW North Building Suite 1200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **15** / **2013**

**Transaction ID : SA11C.4532**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS**

Mailing Address 7075 VETERANS BLVD.

City State Zip Code  
BURR RIDGE IL 60527

FEC ID number of contributing  
federal political committee.

**C** C00349225

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4452**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

## **A. TEVA PHARMACEUTICALS USA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVENUE, NW  
 SUITE 440

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00434811

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4459**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
 ATLANTA GA 30328

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **08** / **2013**

**Transaction ID : SA11C.4534**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE (THE US ONCOLOGY NETWORK PAC)**

Mailing Address 10101 WOODLOCH FOREST DRIVE

City State Zip Code  
 THE WOODLANDS TX 77380

FEC ID number of contributing  
federal political committee.

**C** C00339655

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**01** / **07** / **2013**

**Transaction ID : SA11C.4450**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

26000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Category/  
Type

1439.39

Category/  
Type

**[MEMO ITEM]**

Category/  
Type

[MEMO ITEM]

1439.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix      State AZ      Zip Code 85034-3802

Purpose of Disbursement  
airline ticket

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012
**Transaction ID : SB21B.4490.3**

Amount of Each Disbursement this Period

355.20

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 650448

City Dallas      State TX      Zip Code 75265-0448

Purpose of Disbursement  
Credit card payment: See Memo

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2013
**Transaction ID : SB21B.4491**

Amount of Each Disbursement this Period

676.20

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 77 West Wacker Dr

City Chicago      State IL      Zip Code 60601

Purpose of Disbursement  
airline ticket

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2012
**Transaction ID : SB21B.4491.0**

Amount of Each Disbursement this Period

676.20

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

676.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448
Purpose of Disbursement  
Credit card fee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 20 2013
**Transaction ID : SB21B.4472**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448
Purpose of Disbursement  
campaign materials

006

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 28 2013
**Transaction ID : SB21B.4475**

Amount of Each Disbursement this Period

66.68

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448
Purpose of Disbursement  
Credit Card fee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 20 2013
**Transaction ID : SB21B.4494**

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82.58

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448
Purpose of Disbursement  
DC Mardi Gras Tickets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 25 2013
**Transaction ID : SB21B.4496**

Amount of Each Disbursement this Period

5441.46

Full Name (Last, First, Middle Initial)

**B. The Mystic Krewe of Baton Rouge**Mailing Address 8941 Jefferson Hwy  
# 200
City State Zip Code  
Baton Rouge LA 70809
Purpose of Disbursement  
Tickets to DC Mardi Gras

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 25 2013
**Transaction ID : SB21B.4496.1**

Amount of Each Disbursement this Period

5215.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448
Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 04 2013
**Transaction ID : SB21B.4535**

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5449.41

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

## **A. Governor's Prayer Breakfast**

Mailing Address 2561 Citiplace Ct  
Ste 750-133

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
Table sponsorship

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 23 / 2013

**Transaction ID : SB21B.4473**

Amount of Each Disbursement this Period

585.00

Full Name (Last, First, Middle Initial)

## **B. Cathy Green**

Mailing Address PO Box 142

City Maringouin State LA Zip Code 70757

Purpose of Disbursement  
Expense Reimbursement for Hotel stay in Courtyard Washington

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : SB21B.4536**

Amount of Each Disbursement this Period

1003.04

Full Name (Last, First, Middle Initial)

## **C. Courtyard Washington**

Mailing Address 1900 Connecticut Avenue NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 03 / 2013

**Transaction ID : SB21B.4536.0**

Amount of Each Disbursement this Period

1003.04

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1588.04

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

012

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

003

346.65

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

001

2565.98

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

3912.63

13148.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR CONGRESS**

Mailing Address PO BOX 80505

City	State	Zip Code
BATON ROUGE	LA	70898

Purpose of Disbursement	<input type="text" value="007"/> Category/ Type
Reimbursement for campaign event; Original payment should have come from this campaign	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : SB29.4504**

Amount of Each Disbursement this Period

872.84
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

  
Category/  
Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

  
Category/  
Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

872.84

872.84